

Book 2022 Page 231 Type 43 001 Pages 6 Date 1/24/2022 Time 12:08:36PM

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

| TRANSFEROR: | | | | | |
|---|--|-----------------------|-------------------------|--|--|
| Name Cheryl Bywaters | | | | | |
| Address 3117 Walnut Lane Truro, IA 50257 | | | | | |
| Number and Street or RR | City, Town or P.O. | State | Zip | | |
| TRANSFEREE: | | | | | |
| Name Melinda Sosa | | | | | |
| | | | | | |
| Address 630 S Lincoln Street Osceola, IA 50213 | City, Town or P.O. | State | Zip | | |
| | ong, remner ye. | O.U.O | | | |
| Address of Property Transferred: | | | | | |
| 3117 Walnut Lane Truro, IA 50257 | | | | | |
| Number and Street or RR | City, Town, or P.O. | State | Zip | | |
| stated below or set forth on an a | ed on this property. on this property. The type(s), loca ttached separate sheet, as neces: | | atus are | | |
| 2. Solid Waste Disposal (check one) | | | | | |
| ✓ There is no known solid waste disposal site on this property. ☐ There is a solid waste disposal site on this property and information related thereto is prove | | | | | |
| Attachment #1, attached to this | | ii related thereto is | provid e a i | | |
| 3. Hazardous Wastes (check one) | | | | | |
| There is no known hazardous wa | aste on this property. | | | | |
| | s property and information related | thereto is provided | in | | |
| Attachment #1, attached to this | document. | • | | | |
| 4. Underground Storage Tanks (chec | • | | | | |
| | d storage tanks on this property. (fuel tanks, most heating oil tanks, | | | | |
| ☐ There is an underground storage | tank on this property. The type(s | | | | |

| 5. | Priy | vate Burial Site (check one) | | | | | |
|--|---------|---|--|--|--|--|--|
| | | There are no known private burial sites on this property. | | | | | |
| | | There is a private burial site on this property. The location(s) of the site(s) and known | | | | | |
| | | identifying information of the decedent(s) is stated below or on an attached separate sheet, as | | | | | |
| _ | ь. | necessary. | | | | | |
| b. | _ | vate Sewage Disposal System (check one) | | | | | |
| | | All buildings on this property are served by a public or semi-public sewage disposal system. | | | | | |
| | | This transaction does not involve the transfer of any building which has or is required by law to | | | | | |
| | | have a sewage disposal system. | | | | | |
| | V | There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which | | | | | |
| | | documents the condition of the private sewage disposal system and whether any modifications | | | | | |
| | | are required to conform to standards adopted by the Department of Natural Resources. A | | | | | |
| | | certified inspection report must be accompanied by this form when recording. | | | | | |
| | | There is a building served by private sewage disposal system on this property. Weather or | | | | | |
| | | other temporary physical conditions prevent the certified inspection of the private sewage | | | | | |
| | | disposal system from being conducted. The buyer has executed a binding acknowledgment | | | | | |
| | | with the county board of health to conduct a certified inspection of the private sewage disposal | | | | | |
| | | system at the earliest practicable time and to be responsible for any required modifications to | | | | | |
| | | the private sewage disposal system as identified by the certified inspection. A copy of the | | | | | |
| | П | binding acknowledgment is attached to this form. | | | | | |
| | Ц | There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private | | | | | |
| | | sewage disposal system on this property within an agreed upon time period. A copy of the | | | | | |
| | | binding acknowledgment is provided with this form. | | | | | |
| | П | There is a building served by private sewage disposal system on this property. The building to | | | | | |
| | _ | which the sewage disposal system is connected will be demolished without being occupied. The | | | | | |
| | | buyer has executed a binding acknowledgment with the county board of health to demolish the | | | | | |
| | | building within an agreed upon time period. A copy of the binding acknowledgment is provided | | | | | |
| | П | with this form. [Exemption #9] | | | | | |
| | | This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: | | | | | |
| | П | The private sewage disposal system has been installed within the past two years pursuant to | | | | | |
| | Ц | permit number | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | ation required by statements checked above should be provided here or on separate attached hereto: | | | | | |
| 311 | GGLS | attached hereto. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS | | | | | |
| | FORM | | | | | | |
| AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. | | | | | | | |
| | | | | | | | |
| Sic | ınatı | ure: Hus Senioters Telephone No.: (5/5) 709-9232 | | | | | |
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Addendum

Parcel "G", located in the East Half (12) of the Southwest Quarter (14) of the Northwest Quarter (14) of Section Twenty-four (24), Township Seventy-four (74) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 108 on September 10, 1997 in the Office of the Recorder of Madison County, Iowa.



Time of Transfer Inspection Report (DNR Form 542-0191)

| Property information | | | | | | | |
|--|--|--|--|--|--|--|--|
| Current Owner Cheryl Bywaters, bettycraig.saylorrealty@gmail.com | | | | | | | |
| | | | | | | | |
| Buyer Melinda Sosa Realtor Betty Craig Mailing Address 3117 Walnut Lane, Truro, IA 50257, 515-709-9232 Site Address/County 3117 Walnut Lane, Truro, IA 50257 Madison County, tburk@madisoncoia.us | | | | | | | |
| | | | | | | | |
| No. of Bedrooms 3 Last Occupied? <u>curre</u> Separation distances ok? | | | | | | | |
| Records Available Permit/Installation Date | | | | | | | |
| Septic System Information | | | | | | | |
| Septic Tank(s): Size 1500 gal Material Concrete Condition Working | | | | | | | |
| Septic Tank(s): Size 1500 gal Material Concrete Condition Working Tank Pumped? YES Date 11/23/21 Licensed Pumper Forest Septic | | | | | | | |
| Septic/Trash/Processing Tank: Size Material Condition | | | | | | | |
| Tank pumped? Date Licensed Pumper | | | | | | | |
| A grabic treatment unit (ATII) MEGR Size | | | | | | | |
| Aerobic treatment unit (ATU) MFGR Size | | | | | | | |
| Maintenance Contract? Expiration Date Service Provider | | | | | | | |
| Condition Expiration Date Service Hovider | | | | | | | |
| Pump Tanks/Vaults: Type Size Condition | | | | | | | |
| Distribution System: Distribution Box Plastic Outlets Used 4 Condition Working | | | | | | | |
| Header Pipe(s) Number of Lines | | | | | | | |
| Pressure Dosed? | | | | | | | |
| Sacandary Treatment | | | | | | | |
| Secondary Treatment Length of Absorption Fields 4x100ft=400ft Determined by County record/probe | | | | | | | |
| Condition of Fields Working Determined by Hydraulic load test/probe The state of t | | | | | | | |
| Type of Trench Material 36" Chambers | | | | | | | |
| | | | | | | | |
| Size of Sand Filter Determined by Discharge Pipe Located? | | | | | | | |
| Vent Pipes Above Grade? Discharge Pipe Located? | | | | | | | |
| Effluent Sample Taken? Results | | | | | | | |
| Media Filters: Type | | | | | | | |
| Media Filters: Type Maintenance Contract? Expiration Date Service Provider Condition | | | | | | | |
| Condition | | | | | | | |
| NPDES General Permit No. 4: Required? Permitted? NOI submitted | | | | | | | |

4/2010



Time of Transfer Inspection Worksheet

| Other Components | | |
|--|------------------------------|-------------------------------------|
| Alarms Working? | Disinfection | Working? |
| Control Box Timers | Inspection | Ports |
| Other Components | | |
| Overall condition of the private sewage dispo | sal system | |
| Report of system status | | |
| Explain (attach additional pages as needed): All waste water goes from house to septic. 1: working condition. Plastic distribution box in 4x100ft=400ft 36" Chambers with 350 gal w clean. | n working condition. Hydra | ulic load tested the |
| Site status at conclusion of Time of Transfer i | inspection: | |
| Verify that controls are set on the appropriate of the property of th | secure. e. | |
| Using this worksheet, write a narrative report | of the inspection results an | nd attach a site sketch. |
| This report indicates the condition of the priv does not guarantee that it will continue to fun | | at the time of the inspection. It |
| Name (print): Rick Rogers |) 042 | Date: 11/24/2021 Certficate #: 9597 |
| Address: 401 NE 52nd Ave, Des Moines, IA 503 Phone # (515)282-0777 |)13 | |

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to:

Iowa DNR
Private Sewage Disposal Program
502 E. 9th St.
Des Moines, IA 50319
4/2010



SEPTIC DRAWING

Site Address: 3117 Walnut Lane, Truro, IA 50257

Seller Name & Email: Cheryl Bywaters, bettycraig.saylorrealty@gmail.com Seller Address & Phone: 3117 Walnut Lane, Truro, IA 50257, 515-709-9232

Picture:

